



Date	Location	Supervisor
------	----------	------------

Description of Work

Recognized Fall Hazards

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Ladders | <input type="checkbox"/> Pouring | <input type="checkbox"/> Drilling Shafts | <input type="checkbox"/> Perimeter Edge, Stairwell,
Roof, Window Opening |
| <input type="checkbox"/> Forming | <input type="checkbox"/> Welding at Height | <input type="checkbox"/> Connect Girders | |
| <input type="checkbox"/> Catwalks | <input type="checkbox"/> Set Girders | <input type="checkbox"/> Work Decks | |
| <input type="checkbox"/> Sloped Access | <input type="checkbox"/> Leading Edge | <input type="checkbox"/> Walkways / Ramps | |
| <input type="checkbox"/> Work over Water | <input type="checkbox"/> Bridge Decks | <input type="checkbox"/> Stressing | |
| <input type="checkbox"/> Scaffold | <input type="checkbox"/> Excavations | <input type="checkbox"/> Tieback Strands | |

Personnel Hoisting

- ☐ Crane ☐ Boom Truck ☐ Forklift ☐ Other _____

Method of Protection

Fall Restraint

Type of Harness _____

Type of Lanyard _____

Anchorage _____

Control Zones/Warning
Lines and Monitors _____

Guardrail ☐ Yes ☐ No

Nets ☐ Yes ☐ No

Other _____

Fall Arrest

Type of Harness _____

Type of Lanyard _____

Type of Life Line _____

Anchorage _____

Deceleration Device ☐ Yes ☐ No

Other Type of
Equipment Used _____

Overhead Protection

- ☐ Hard Hats
- ☐ 3 1/2 inch (89mm) Toe Boards
- ☐ Warning Signs
- ☐ Debris Nets
- ☐ Other _____

Tool Handling, Storage, and Securing

- ☐ 3 1/2 inch (89mm) Toe Boards
- ☐ Debris Nets
- ☐ Tool Buckets
- ☐ Tool Belts
- ☐ Other _____

Procedure for Assembly, Maintenance, Inspection, and Disassembly of System

Assembly, disassembly, and maintenance of all equipment will be done according to manufacturer's recommended procedures. A visual inspection of all safety equipment will be done daily or before each use. Any defective equipment will be tagged and removed from service immediately.

Emergency Action Plan

First Aid / CPR

Names of Trained Personnel on Site

Location of First Aid Equipment

Initiate Emergency Services (call or radio 911 if available)

Location of Phone

Phone Number of Sheriff or Police

Phone No. of Emergency Resp. Team

Describe Procedure for Removal of Injured Employee

(Note: No removal will be attempted without supervision of qualified emergency rescue personnel)

Crane ☐ Yes ☐ No

Location

Hoist ☐ Yes ☐ No

Location

Winch ☐ Yes ☐ No

Location

Block / Tackle ☐ Yes ☐ No

Location

Other (Describe)

Plan Reviewed at Job Site ☐ Yes ☐ No

Employee Signature

Employee Signature

Employee Signature

Employee Signature